

Index of Claims

Application No.
10/005,531
Applicant(s)
BEATTY ET AL.
Examiner
Reba I. Elmore
Art Unit
2187

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input type="checkbox"/>	N	Non-Elected
<input checked="" type="checkbox"/>	I	Interference

<input type="checkbox"/>	A	Appeal
<input checked="" type="checkbox"/>	O	Objected

Claim		Date	
Final	Original		
		12/2/04	7/9/05
1	<input checked="" type="checkbox"/>	✓	✓
2	<input checked="" type="checkbox"/>	✓	✓
3	<input checked="" type="checkbox"/>	✓	✓
4	<input checked="" type="checkbox"/>	✓	✓
5	<input checked="" type="checkbox"/>	✓	✓
6	<input checked="" type="checkbox"/>	✓	✓
7	<input checked="" type="checkbox"/>	✓	✓
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9	<input checked="" type="checkbox"/>	✓	✓
10	<input checked="" type="checkbox"/>	✓	✓
11	<input checked="" type="checkbox"/>	✓	✓
12	<input checked="" type="checkbox"/>	✓	✓
13	<input checked="" type="checkbox"/>	✓	O
14	<input checked="" type="checkbox"/>	✓	O
15	<input checked="" type="checkbox"/>	✓	✓
16	<input checked="" type="checkbox"/>	✓	O
17	<input checked="" type="checkbox"/>	✓	O
18	<input checked="" type="checkbox"/>	✓	O
19	<input checked="" type="checkbox"/>	✓	O
20	<input checked="" type="checkbox"/>	✓	O
21	<input checked="" type="checkbox"/>	✓	✓
22	<input checked="" type="checkbox"/>	✓	✓
23	<input checked="" type="checkbox"/>	✓	✓
24	<input checked="" type="checkbox"/>	✓	✓
25	<input checked="" type="checkbox"/>	✓	✓
26	<input checked="" type="checkbox"/>	✓	O
27	<input checked="" type="checkbox"/>	✓	O
28	<input checked="" type="checkbox"/>	✓	O
29	<input checked="" type="checkbox"/>	✓	O
30	<input checked="" type="checkbox"/>	✓	O
31	<input checked="" type="checkbox"/>	✓	O
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33	<input checked="" type="checkbox"/>	✓	O
34	<input checked="" type="checkbox"/>	✓	O
35	<input checked="" type="checkbox"/>	✓	O
36	<input checked="" type="checkbox"/>	✓	✓
37	<input checked="" type="checkbox"/>	✓	✓
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40	<input checked="" type="checkbox"/>	✓	✓
41	<input checked="" type="checkbox"/>	✓	✓
42	<input checked="" type="checkbox"/>	✓	✓
43	<input checked="" type="checkbox"/>	✓	✓
44	<input checked="" type="checkbox"/>	✓	O
45	<input checked="" type="checkbox"/>	✓	O
46	<input checked="" type="checkbox"/>	✓	O
47	<input checked="" type="checkbox"/>	✓	O
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Claim		Date	
Final	Original		
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Claim		Date	
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